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# VR1 – WORKPLACE REHABILITATION REFERRAL

## Form 310

Provider name  Provider number

Please refer over for referral instructions and forward the form directly to the Provider.

**1. Worker's name**

Date of Birth  Telephone number

Claim number  Insurer  Date of injury

Injury type

Worker's address

**2. Referring source**

Treating medical practitioner       Employer       Insurer on behalf of employer (authority attached)

**3. Referral type**

**Workplace rehabilitation assessment** (Medical practitioners and employers must always consult with each other and the worker prior to the referral for rehabilitation assessment)

**Specific service (please indicate)** (See over for further description)

Functional capacity assessment       Job demands assessment

Ergonomic assessment       Workplace assessment

Other

I have discussed this referral with the worker and their  **Employer** or  **Treating medical practitioner** and they are in agreement.

Referrer's name  Referrer's signature  Date

**4. Employer's details** Company name

Contact name  Telephone

Address

**Treating medical practitioner details**

Practice name  Telephone

Address

**5. Section to be completed by workplace rehabilitation provider**

Has workplace rehabilitation programme previously been undertaken with you or another provider?  Yes  No

Interpreter required?  Yes  No      Date of worker's last recurrence

Referral type  Assessment  Specific service

Date referral received  Did this current referral proceed to assessment/specific service?  Yes  No

If **No** please indicate  1st Schedule Redemption       2nd Schedule Redemption       Common Law Election

Other       Costs incurred

**Rehabilitation Provider: Please enter details into the Online Rehabilitation application within 28 days of receipt of referral and retain copy on worker's file.**

## How to make a Workplace Rehabilitation Referral

Where factors are identified that may interfere with an employer's ability to develop a return to work program for an injured worker, the assistance of an approved workplace rehabilitation provider may be sought. Either the employer or treating medical practitioner is able to initiate a referral, in consultation with the other key parties.

### Referral Type

There are two types of referrals that can be made:

#### 1. Referral for a **Workplace Rehabilitation Assessment**:

This form of referral requires consultation between all **key parties**, that is, the treating medical practitioner, employer and injured worker. Consultation refers to verbal or written communication between those key parties obtaining support for the referral. For example, if you are an employer requesting the referral, you are required to consult with the treating medical practitioner and indicate this by ticking the box.

If a referral is required for an assessment it may or may not proceed to a full rehabilitation programme.

Examples of when a referral for assessment may be required include:

- If the injured worker, due to their injury, cannot carry out pre-injury duties
- If there is a need to assess the suitability for a return to work programme with a new employer
- To determine the need for retraining
- There is difficulty determining suitable duties.

#### 2. Referral for **Specific Services**:

A referral for a **Specific Service** can be initiated by either the employer or treating medical practitioner in consultation with the worker. This referral is for a one off intervention or specialist service.

In both cases the referring party must indicate that they have consulted with the worker and the worker has nominated the chosen provider.

A list of Approved Workplace Rehabilitation Providers is available from WorkCover WA.

### Types of specific Workplace Rehabilitation Services

**Specific Services** are a one off intervention or specialist service required to assist key parties in the injury management coordination. Below are some examples of specific services.

#### *Functional Capacity Assessment*

A Functional Capacity Assessment is an assessment the worker's functional capacity. This assessment objectively measures an injured worker's physical abilities and limitations.

This assessment is best utilised when a specific job or duties have been identified and clarification of the injured worker's physical ability to undertake the identified job is required.

#### *Ergonomic Assessment*

Activities associated with assessing how a particular work environment would affect the worker. Can include the delivery of client training and education for injury management and related topics, e.g. back education and relaxation and stress management.

#### *Job Demands Assessment*

Identifies the full range of demands of a specific job e.g. physical, cognitive, sensory and psychological demands.

This can assist a medical practitioner understand the full range of requirements of particular jobs. It is important the medical practitioner understands the job requirements so they can provide appropriate medical clearance and assist setting realistic vocational goals.

#### *Workplace Assessment*

Activities associated with assessing the suitability of various workplace alternatives and other job options to identify possible suitable duties or make recommendations for workplace modifications and/or job redesign to accommodate an injured worker's return to work or promote a safe work environment.

This assessment can be of benefit when an employer is unsure if they have any duties that would be suitable for the injured worker in their workplace or the treating Medical Practitioner requires advice if the employer has any duties that would be suitable for the injured worker. It is also of assistance if job redesign or additional equipment would assist the injured worker to return to work.